HMARGIN RESERVED FOR BINDING

VS A15

MAK	LAND	STATE	DEPARTMENT	UF	HEAL

2411 N. Charles St., Baltimore /9-

		74
D D: .	67.	/ 1
Reg. Dist.	INO.	

1. PLACE OF DE Car	ATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
County	Henryton			State Maryland Con	ınly	
City on James			City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Now long in above place	of death?	12 da	ys	(If outside eity or town limit	s, write RURAL and give ne	rest town)
Hospital, Institution, or	street address where	death occurred:		Street No. 1002 Woodyea:	r Street	
Maryland	_Tubercu	losis	Sanatorium	(If rural, give	LOCATION)	<i>j</i>
COTOLEG	Branch,	Henryt	Sanatorium on, Maryland	2.(a) If veteran, name war		
					3. (b) Social Security	Number
3. (a) FULL NAM	£	J	AMES BALL			
					220-05-33	000
4. Sex	5. Cotor or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	col.		married	20. DATE OF DEATH May 25.	1946	7:00Pm
				21. I CERTIFY that death occurred on the date ab		
6.(6) Name of husband	or wife			May 13, 19.	46 . May 25.	1. 46
B+++++++++++++++++++++++++++++++++++++		B.(c) If allve, give ageyears	and that I last saw h im alive on Mo	av 25.	10 46
7. Birth dale of deceased (mo., day,	Septe	mber 2	2, 1918			
8. AGE: Year		Days	If less than one day	Immediate cause of death	aulosis	Dec.
27	8	23	hrs min.	Fullionally luber	Carobra	
		1			***************************************	1938
9. Birihplace	Baltimore (Town,	, Md.		Ouo to		• • • • • • • • • • • • • • • • • • • •
	Tohon,	eounty, and s	tate)			*-
10. Usual occupation.	Labor	Q.T.		Due to	*******************************	
11. Industry or busine	ss				***************************************	
SI 12 Name El	i Ball			Other conditions		
E 12. Nathalana F	lichmond	County	v. Va.		•	
	Koto D	iah		(Include pregnancy within 3	months of death)	
14. Maiden name	Kate R	I CII		Major findings of operations		************************
15. Birthplace	Richmo	nd Cou	inty, Va.			
· N	Irs. Kate	Ball	(Mother)	Autopsy results		
16. Informant				PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
Address	To LearT	St.,	Balto. Md.	22. VIOLENCE: If death was due to external ca	uses fill in the following:	
17 Runi	n, or removal. Which	Date there	of Md 28 - 46. (month) (day) (year)	Accident, suicide, or homicide		
(Burial, crematio	n, or removal. Which		(month) (day) (year)			
Cemetery or crema	tory MZ.	Hobr	٥ ٢ -	Where did injury occur?(City or town)	(Connty)	(State)
				Injured at home, farm, Industry, public place (where?)	
Location		-	······································	Means of Injury	Injured at work?	
18. Funeral director	Itomas	J	Telson	0		
Address 13	03 Pres	mkz	5 n 6 3	23. SIGNATURE Culou K	Muray M.	D.
19. July	25, 1946 egistrur)	alla	A Aranhhan	Henryton Md.		
(Date rec'd by r	egistrur)	Dei	puty Local Registrar	Address 1101113	bate signed	

RECEIVED
MAY 29 1946
BUREAU V.8

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

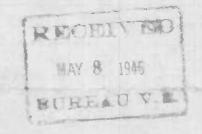
2411 N. Charlee St., Baltimore 450

CERTIFICATE OF DEATH

04698

Reg. Diet. No. 74

County	:	(If outside city or town limits, write RURAL and give nearest town) Street No		
3. (a) FULL NAME		N	3. (b) Social Security Number	
	Elizabeth Bitz	el		
	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female white	married	2D. DATE DF DEATH May 2	19.46 al. 15p M	
6.(b) Name of husband or wife George R. 7. Birth date of deceased (mo., day, yr.) July 26,) It alive, give age62years	21. I CERTIFY that death occurred on the date about	ve stated; that I attended deceased from 45, to 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 4, 6, 19, 19, 4, 6, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	
8. AGE: Years Months Days	If less than one day	mouth (Pt. upp	er Euse) 14v.	
	hrs min.	E welastises of Co	actifica if	
9. Birthplace Carroll County (Town, county, and s	7 . Md .	/	arema	
10. Usual occupation none		Due to		
11. Industry or business 12. Name		Other conditions (Include pregnancy within 3 m	nonths of death)	
16. Informant George R. Bi		Antopsy results		
Cemetery or crematory. Trinity Lut	of 5/5/46 (month) (day) (year) theran Cemetery	Where did injury occur?(City or town)	Date of	
Location Smallwood,	Md.		here?)	
18. Funeral director J. Francis	Reese	Meens of Injury	Injured at work?	
Address Westminster 19. May J. 1946 C. (Date rec'y) registrar)	- Ma	23. SIGNATURE Willem	Speicher M. D. or other L. M. Date signed 5/3/46	



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

74

1. PLACE OF DEATH: Carroll Henryton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County		
Cify or town			
How long in above place of death? 27 days	City or town Baltimore (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	1411 Druid Hill Ave.		
Maryland Tuberculosis Sanatorium	Street NO		
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland	(lfrural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
BERNIECE BLACK			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female col. single			
female col. single	20. DATE OF DEATH May 20, 19 46 3:45A		
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
0.(0) Raille Ut Husballs Ut with	April 23, 10 46 to May 20, 146		
7. Birth date of May 24 1026	and that I last saw h er alive on May 20, 19 46		
deceased (mo., day, yr.) May 24, 1926			
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis DURATION Jan.		
	1946		
9. Birthplace New Windsor, Md.	Due 10		
(Town, county, and state)			
16. Usual occupation Domestic	Bue to		
1t. Industry or business			
	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Ella Fishel 15. Birthplace Unknown			
Unknown	Major findings of operations.		
N 15. Birthplace UIIKIIOWII	Date of op.		
16. Informant Deceased	Autopsy results		
to, latormant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Dural Date thereof May 22-1946			
(Burial, cremation, or removal, Which?) (month) (day) (day)	Accident, suicide, or homicide		
Cemetery or cremenory Met. Cleare Connecting	Where did injury occur?		
I land on the med	Injured at home, farm, Industry, public place (where?)		
Localina Manager Company			
18. Funeral director W. W. Harbler Y. Sons	Means of Injury Injured at work?		
March Bro Landle (1) Danie	1 1 400		
" well of the company	23. SIGNATURE Cleuleel Woffman, m.O.		
19 May 20, 19 46 affects & for an ha	Henryton, Md. 5-20-46		

RECLIVED,

MAY 21 1946

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VS A15

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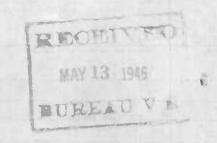
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

1	1	4	7	6	3	n
1	3	T	-	9	-	U

Reg. Dist. No. 7H

1. PLACE OF DEATH:	11		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
City or town			State Maryland Con	unty Allegany	0003
(If outside city or to	wn limits, write I	RURAL and give nearest town)	City or town Frostburg (If outside city or town limit	***************************************	
How long in above place of death?	Qays				
Springfield State			Street No. 164 East Main	Street	
How long in hospital or institution?			2.(a) It veteran, name war.		✓
3. (a) FULL NAME			2.(w) II felerali, listic war	3. (b) Social Security 1	
				5. (0) Social Security 1	Aumber
Pearl Blubaug		e, married, widowed, or divorced	WEDICAL O	EDTIFICATION	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.(w)oing	c, matricu, muoneu, or urrorceu		ERTIFICATION	
Female White	S	ingle	20. DATE OF DEATH May 9.	19. 46	at 10:15 AM
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date abo		
			April 27 19	46 , to May 9	1946.
7. Birth dato ot	2-8 /	O A P	and that I last saw h. er alive on May	9, 1946	19
deceased (mo., day, yr.)	Days	If less than one day	Immediate cause of death		DURATION
o. Ada.			Pulmonary tubercul	osis	11/2 (2)
37 7	11	hrs. min.			***************************************
9. Birthplace Allegany Co	unty, Mar	cyland	Due to.		900000000000000000000000000000000000000
None			***************************************	. 0. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,
1D. Usual occupation			Due to	***************************************	000000000000000000000000000000000000000
tt. Industry or business					0
		***************************************	Other conditions Deaf Mute, P.		***************************************
13. Birthplace Allegan	y County	Maryland	mental deficiency (Include pregnancy within 3	months of death)	
# 14. Malden name Mary Bl	ubaugh		Major findings of operations		
5 15 Richaless Allegan	r County	Morrel and	Major findings of operations		
14. Malden name Mary Bl 15. Birthplace Allegan 16. Informant Records of	C Saminar	Prole Chaha IIaaa	Antopsy results		
			PHYSICIAN: Please underline the cause to w	hich death should be charged	ntatistically.
Address Sykesvill	e, Maryla	and	22. VIOLENCE: If death was due to external car	uses, till in the following:	
(Burish, cremation, or removal. W	Date the	reof 5 (day) (year)	Accident, suicide, or homicide		*************************
(Buriti, cremation, or removal. W	nich?)				
Cemetery or crematory	-11	Mar. 11	Where did injury occur?(City or town)		
Location	Jusy (/	1111	Injured all home, farm, industry, public place (w		
18. Funeral director Lacs	11 H.	Les	Means of Injury	Injured at work?	
Address Frost	trung &	mid.	23. SIGNATURE CONOLA H- S	Eidert, M.	0.
may 9	4/1 0	Harry Wew	// 00 1	/ M. D. c	or other
(Date rec's by registrar)		Registrar	Address Syperile Ms	Date signed x	5-9-46



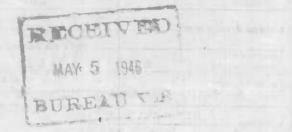
MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

	narles St., Baltimore		
CERTIFICA	ATE OF DEATH Reg. Dist. No. 74		
I. PLACE OF DEATH: Carroll County Henryton (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long In hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town		
3.(a) FULL NAME JAME'S ANDREW BOWIE	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male colored Widower	MEDICAL CERTIFICATION May 3, 18 46 18 301		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16, 19.46 May 3, 19.46 and that I last saw h imalive on May 3, 19.46		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 2 yea		
9. Birthplace	Due to		
11. Industry or business 12. Name	Dither conditions		
Harriett (?) 14. Malden name Harriett (?) 15. Sirthplace Centerville, Md.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Deceased	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 11 Burial, cremation, or persoval, Which? Cemetery of crematory. Date thereof Month) (day) (year)	Where did injury occur? (City or town) (Connty) (State)		
18. Funeral directors DAL Market	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
19. 5/3/ 19 46 albert R Security Local Registrary	23. SIGNATURE Levy & Adam MQ M. D. or other trar Address Henryton, Ma. Date signed 53/46		

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04702

CERTIFICATE OF DEATH

Reg. Dist. No.) 4

1. PLACE OF DEATH: County	Street No. 1723 Regester Street (If rural, give LOCATION)		
3.(a) FULL NAME Harold Cardwell (HAROLD H	OWELL CARDWELL) 3. (b) Social Security Number NONE		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATHMay. 7		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 19 43 to May 7 19 46 and that I last saw h im alive on May 7 19 46 Immediate cause of death Accidental mechanical DURATION		
8. AGE: 68 8 24 If less than one day	suffocation, strangled on food instant,		
9. Birthplace	Due to		
16. Informant Springfield State Hosp records Address Sykesville, Maryland 17. Burial Bate thereof 5/10/46 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Meadow Ridge Cemetery Location ELKRIDGE Maryland 18. Funeral director HENRY SANDER & SONS, INC. Address NORTH AVE. & BROADWAY 19. Segistrar 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. Registrar	Date of op.		

PLEASE

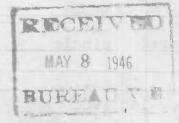
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32-0/

CERTIFICATE OF DEATH

04703 Reg. Diat. No. ...74

1. PLACE OF DEATH:	(For newborn infants give residence of mother)	1
	State Maryland County	,
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give no	
How long in above place of death? 21 days		
Maryland Tuberculosis Sanatorium	Street No. 711 Druid Hill Avenue	
Colored Branch, Henryton, Md. How long in hospital or institution?	2.(a) If veteran, name war	/
3. (a) FULL NAME	3. (b) Social Security	Number
REGINA CARROLL		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored single	2D. DATE OF DEATH MAY 1. 19.46.	at12.00 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deci	
6.(b) Name of husband or wife	April 10, 1946 to May 1	19.46
T. Birth date of	and that I last saw h	
deceased (mo., day, yr.) May 14, 1922	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Acute Miliary Tuberculosis	.l month
23 11 17hrsmin.		
9. Birthpleca Howard County, Md. (Town, county, and state)	Due to	
1D. Usual occupation. Domestic	Due to	
11. Industry or business		***
Ernest Carroll 12. Name Unknown	Dther conditions	
	(Include pregnancy within 3 months of death)	
# 14. Malden name Mary Robinson		
14. Malden name Mary Robinson 15. Birthplace Unknown	Major findings of operations	
December		
16. Informant Deceased	Antopsy results	statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:	
11. Bassal (Burial, cremation, or removal, Which?) Date thereof 5 4/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, this in the following: Accident, suicide, or homicide	****
Cemetary or crematory Ashing am	Where did injury occur? (City or town) (Connty)	
Location ashering Jud	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director / Ratter P. Williams	Meens of Injury Injured at work?	
OPE ON ON ON VILL - O dea XX	M. M. Cole	m MO
	23. SIGNATURE LEAVE & acles	
19. 5/1 19.46 Alls A Swash Registrar Deputy Local Registrar	TT 361	. or other . 5/146
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Date signed	



THE PROPERTY OF LINE WAY

2411 N. Charles St., Baltimore [3.3]

CERTIFICATE OF DEATH

		pilly.	13	- 75	
f 1	1	1	1 7	a.	17
6	12	rie.	1	No.	- 1
L/G	E.	D)S	L.	140.	

74

Mospital, institution, or	Henry to Henry to outside city of teath? street address where	n	URAL and give nearest town) S, 10 days E. Sanatorium	Stale Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town) 1236 St. Matthew Street (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM	E		ELLA FIELDS		3. (b) Social Secur	rity Number
4. Sex female	5. Color or race	10000	e, married, widowed, or divorced	MEDICAL C. 28. DATE OF DEATH. May 22,	ERTIFICATION	
	Meno		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 12, 19. and that I last saw h. G.T. alive on	45 . May	22, 19 46
8. AGE: Year	Months	Days 5	If less than one day	Pulmonary Tubero	oulos is	Feb. 25
18. Usual occupation. 11. Industry or busines 12. Name	House illiam H orth Car	wife fill colina		Due to Due to Dither conditions		
15. Birthplace	Betty T North C atient			Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to w		
Address 17	nfield	. //	eoi 5-24-46 (month) (day) (year) em: c. amie Unight Balto, Md	22. VIOLENCE: If death was due to external can Accident, suicide, or homicide	uses, fill in the following: Date of (County)	(State)
19. May 2:	2, 19 46	all	Sef Registrar	23. SIGNATURE CALLERY NO.		(, D. or other 5-22-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The dorrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15

RECLIVED
MAY 24 1946
BUREAU VS

2411 N. Charles St., Baltimore 80%)

04705

			-	11
Reg.	Dist.	No.	7	7-

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(M oylside city or town limits, write RURAL and give nearest town)	State State Sounty
How long in above place of death? Hospital, Institution, or street addless where reath accured:	Street No. 2 (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FUIL NAME	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W & single	20. DATE OF DEATH MAY 12 th 19 4 6, at 6-20 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Variended deceased from
7. Birth date of 2/11/1/0/1/2 age years	and that I last saw h. La alive on Many 1 2 11 19 4
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
30 4 38	1 EMALERALIUM 2 MA
8. Birthplace	Due to.
10. Usual occupation.	Due to Epillish 3 Dine
11. Industry or business	DUE 10.
12. Name Affly Hamman Ballanard	Other conditions
El Transis El Plane	(Include pregnancy within 3 months of death)
14. Malden name.r. All Malden na	Major findings of eperations
18. Informação de la fina dela fina de la fi	Autopsy results
Address fouth Calhoung unty	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location D & alto mod	Injured et home, farm, Industry, public place (where?)
18. Funeral direct off C + D. M. Walter	Means of Injury Injured at work?
Address Pratt & Otticker Sto Balto We	XXXIastin XID.
19. J- 17. 18. 4k. ay Hedrugh. Registrar	Address / M. Sor Other Address / M. Sor Other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 1) MARGIN RESERVED FOR BINDING

VS A15

VS ALE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County Day Office Deed	State Mary Land county Carroll
City or town (If outside city or town limits, write RURAL and give nearest town)	AB Date
How long in above place of death?	City or town (If obtaide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streel address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution? 28 years	2.(a) If veteran, name war.
3. (a) FULL NAME HEAD A GOOD	3. (b) Social Security Number
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH May, 29 1946 at 9:30m
8.(b) Name of husband or the Lanna Gra	21. I CERTIFY that death occurred on the date above styled: that I attended deceased from
7. Birth data of	and that I last saw h Malive oa Manay 28 19 46
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day 23 If less than one day hrsmin.	Carriery: Guss
9. Birthplace Mary and State) Course 60.	Due to.
1D. Usual occupation	Gue to
11. Industry or business	
12. Name Jahran Janas Ja	Other conditions
14. Malden name assauced	(Iaciude pregnancy within 3 months of death)
15. Birthplace Germany	Major findings of operations. Date of op.
16. tajormani Laura Grall	Antonsy results
July July Dald	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Man Market 6-1-46	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlat, cremation, or removed) Which?) Date thereof (moath) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Locotion Man Man Mall	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Junt Wulso Sours	Means of Injury Injured at work?
Addiges Work chester Md	23. SIGNATURE M. C. Varterfield,
19 Mate red by registrar) 1946 Mis H.R. S. Jeuner Registrar	Address Date/stand Date/stand 5/21/46

JUN 4 1946 SUREAU V 5

Date signed 5-25-46

Henryton, Md.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

May

(Date rec'd by registrar)

146

Albert R. Deputy

LOCAL Registrar

Address....

A15

NS

MARGIN RESERVED FOR BINDING

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
ROBERT EDWARD HA	ARRIS
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col. married	20, DATE OF DEATH MAY 25, 19 46 23:40A.
8.(6) Name of husband or wife Lillian Harris 7. Birth date of deceased (mo., day, yr.) May 18, 1904 8. AGE: Years Months Days If less than one day 42 0 7	21. I CERTIFY that death occurred on the date above slated: that I ettended decessed from March 8, 19.46 to May 25, 19.46 and that I last saw h im alive on May 25, 19.46 Immediate cause of death. Pulmonary Tuberculosis DURATION Jan. 1946
10. Usual occupation	Due to
13. 8irthplace Virginia Hubbard 14. Malden name Annie Hubbard Virginia Deceased 18. Informant Deceased 18. Informatical Deceas	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Charlest Complete	

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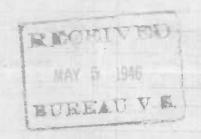
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

V	1		U	4	7	0	8	А
	R	og.	Di	st.	No			4

1. PLACE OF DE	roll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
		mits write E	URAL and give nearest town)	State Maryland Con Baltimore				
How long in above place	of death?		ZIIO 9 DI GUYD	City or town				
Hospital, Institution, or	spilal, institution, or street address where dealh occurred: Maryland, Tuberculosis, Sanatorium			Street No	******************************			
COTOLEG	DI SHICH	neur.	ton, Md.	2.(a) Il veleran, name war	LOCATION)			
3. (a) FULL NAM			ALICE HILLIARD		3. (b) Social Securi 217-20-70			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICALC	ERTIFICATION	,50		
female	col.		single	20. DATE DF DEATH May 2,		8:50 ^A		
7. 6irlh date of	Time	6, 19	c) II alive, give ageyears	21. I CERTIFY that death occurred on the date about 11, 18 and that I last saw h. er allye on May	ove slated; that latlended d 44 to May 2	eceased from 19. 46.		
deceased (mo., day,		Days	If less than one day	Immediate cause of death		DURATION		
3		25	hrs. min.	Fullionary Tubered	TOSTS	2 yrs.		
9. Sirtingiace	Waltie		state)	Due fo				
至 12. Name. G:	ray Spate North Car			Dther conditions				
		illiar	·d	(Include pregnancy within 8				
	eceased	*************		Antopsy results	hich death should be char	•••••		
Bre	n, or removal. Which?	Date ther	eot Siza 6 1946 (month) (day) (year)	Accident, eulcide, or homicide	Dalo o1			
Location		· Oal		Injured at home, farm, Industry, public place (w				
18. Funeral director	1 mes	- Ha	elland.	0 4	w fad			
Address /3/	0 111-11	uer	y straw K	23. SIGNATURE CLESS	JA. BECC	D. er other		
19. May 2 (Date rec'd by re	egistrar)	M	Deputy Location	Address Henryton, Md				



VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

City or town (If outside ely or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (1f outside styles of work with the state of the styles of
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Elizabeth	Stumerick 3. (b) Social Security Number
4. Sex 5. Eolor or race 6.(a) Single, married, widowed, or divorced I thate I single	MEDICAL CERTIFICATION 20. DATE OF DEATH ROLL 21 1946 21 730 M
S.(b) Name of husband or wife	21. I CERLIFY that death occurred on the date above stated; that instended deceased from 19. 40. 19.
8. AGE: Years Months Days If less than one day	cerelval convulsions - 4 months
9. Birthplace Dans Man (Town, county, and state)	. Due to Congesial microencephaly
1D. Usual occupation	Due to
11. Industry or business 12. Name	Dther conditions
14. Malden name Fluxenout, And	Major findings of operations. Date of op.
Address This of Sabrura . M	Antopsy results
17. Buttal Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director Disserved Action Address Theresee And There are the Address There are the Address There are the Address And the Address There are the	Means of injury Injured at work? Ath Ondo ke of
19. 5/22/46 191 Blanche & Eggle Berjatra	23. SIGNATURE M. D. or other M. D. or other

RECEIVELY MAY 24 1946 BUREAU V.S.

M. D. or other

1. PLACE OF DEATH:

3. (a) FULL NAME

male

7. Birth date of

8. AGE:

deceased (mo., day, yr.)

10. Usual occupation. 11, industry or business

13. Birthplace

14. Maiden name...

(Burial, cremation, or removal) Which

14. Maiden na 15. Birthplace

16. Informant

Address

5/

(Date rec'd by registrar)

Years

28

4. Sex

Henryton

(If outside city or town limits, write RURAL and give nearest town)

6.(a)Single, married, widowed, or divorced

If less than one day

Md.

si ngle

Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium

JOSEPH JOHNSON

Colored Branch, Henryton, Md.

Unknown

Charles County, (Town, county, and state)

John Johnson LaPlata, Md.

Susie Briscoe

Bryantown, Md.

LaPlata. Md.

John Johnson (Father)

Farm Laborer

colored

Months

OF DEATH	Reg. Dist. No	5 abo
2. USUAL RESIDENCE (HOME)	OF DECEASED:	
(For newborn infants give residence	of mother)	
state Maryland	County Charles	
LaPlata		
(If outside city or town lim	its, write RURAL and give	nesreat town)
Street No.		
	ve LOCATION)	V
2.(a) If veteran, name war		······································
	3. (b) Social Securi	ty Number
MEDICAL	CERTIFICATION	
20. DATE OF DEATH May 7,	4	6 9.45P
21. I CERTIFY that death occurred on the date :	above stated; that I attended d	eceaeed from
May 6,	9.40 , to May	19
and that I last eaw halive on	May 7,	194.6
Immediate cause of death		DURATION
Pulmonary Tuber	culosis	Feb (?
Due to		
Due to		
Due to		
Due to		
Dither conditions	3 months of death)	
Dither conditions	3 months of death)	
Dither conditions (Include pregnancy within Major findings of operations.	3 months of death)	
Diver conditions (Include pregnancy within Major findings of operations.	3 months of death)	
Diher conditions	3 months of death) Date of op,	
Dither conditions	3 months of death) Date of op, which death should be chargeauses, fill in the following:	ed statistically.
Dither conditions (Include pregnancy within Major findings of operations. Antopsy results. PHYSICIAN: Ptease underline the cause to 22. VIOLENCE: If death was due to external Accident, euicide, or homicide.	3 months of death)	ed statistically.
Diher conditions (Include pregnancy within Major fiadings of sperations.	3 months of death)	ed statistically.

Henryton,

Registrar | Address.

information carefully. The of death clearly and legibly Supply every item of ease write the causes Physicians: please UNFADING INK. important. PLAINLY, vis especially PLEASE WRITE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



047(176) Reg. Dist. No. 81

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give pesidence of mother)		
fill line	State May County Cassell		
(If outside city or town limits, write RURAL and give nearest town)	City or town Hulading Dural		
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address whele death occurred:	Street No. Jounter.		
	(If rural, give LOCATION) 2 (g) It watered market was World War I		
How long in hospital or institution?	2.(a) the voteran, name war. World War +		
3. (a) FULL NAME	3. (b) Social Security Number		
70 20 (21		
4. Sex 5. Color or race 6.(a) Single, married, vigowed, or divorced	More		
4. Sex 5. Color or race 6.(a) Single, married, vilybwed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH May 20 1946 21 5.00 PM		
021 . 7			
6, (b) Name of husband or wife tagge T	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(e) Malive, give age years	18		
7. Birth date of	and that I last saw h. / Malive on S 20 / 4 6 18		
	Immediate cause of death DURATION		
o. Add.	Olsettal hemoustage		
62 10 29min.			
Between Co Muyland	mus Meshermon		
9. Birthplace	Due 10.		
10. Usual occupation Jahorer	111111111111111111111111111111111111111		
7	Dua 10		
11. Industry or business			
12. Name James Jones Jon	Other conditions		
13. Birthplace (Many Cond.			
& Delega Fitall	(Include pregnancy within 3 months of death)		
14. Maiden name Reflecea Fitzell 15. Birthplace Moyland	Major findings of operations.		
E 15. Birthplace Morgland	Date of op.		
16 Informant Mus Maggie & Joves	Autopsy results.		
10. saluman 7 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PHYSICIAN: Please auderline the cause to which death should be charged statistically.		
Address Trylesbing The U.D.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Bull Daie thereof Stoy 23-1946			
(Burial, cremation, or removal. Which?) Daie thereof (month) (day) (year)	Accident, suicide, or homicide		
Comotory or cromatory Deaved Dan Comeley	Where did injury occur?		
Mi Bulas Mil	Injured at home, tarm, lodustry, public place (where?)		
Location C C T			
18. Funeral director D. D. Horselle V Sons	Means of injury injured at work?		
Address Thing Budge & Hew Hundow mid	Verus 14 /1 /1/11		
AUDIESS Practice of the formation of the	23. SIGNATURE THE STATE OF THE		
19. May 22, 19 46 / Eichman	M.D. orother		
(Date red d by registrar) (Date red d by registrar) (Date red d by registrar)	Address Date signed The		

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BURFAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 70

1. PLACE					2. USUAL RESIDENCE (HOME) (Fer newborn infants give residence of	OF DECEASED:		

City or town	(If out	ide city of town li	mits, write I	RURAL and give nearest town)	StateMaryland County Carroll			
How long in at	ove place of	death? 14	years	***************************************	At t D111'8 ma 1811MV L(1W7)			
		reet address where						
				***************************************	Street No. (If rural, giv	e LOCATION)	***************	
How long in h	ospital or in	stitution?		***************************************	2.(a) If veteran, name war			
3. (a) FUL	LNAME					3. (b) Social Security Nu	mhar	
(,		T2- D 2	. 3 27				moer	
		Ida Brub		e, married, widowed, or divorced		none		
4. Sex		o. Color or race	6.(d)5ing	e, married, widowed, or bivorced	MEDICAL C	ERTIFICATION		
Fema	le	White	Wi	dow	20, DATE OF DEATH May 5	19.46 , al	241 PM	
		Toba T	h a m a m	Koontz	21. I CERTIEY that death occurred on the date ab			
6.(b) Name of	husband or	wife .J.O.D.T.	nomas	NOONEZ	Thesil > 19			
7. Birth date o			В.(c) If alive, give ageyears	and that I last saw h alive on			
	no., day, yr.)	October	22. 7	861		/		
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	. /	DURATION	
	84	6	10	hrsmin.	arterio Rel	leaves		
				1				
9. Birthplace.	Tang	town, Car	county, and	ounty, Md.	Due to		***************************************	
				•••••				
10. Usual occ	cupation	.AAMAMAAAMAA.	A	•••••••••••••••••••••••••••••••••••••••	Due to			
1t. Industry o					•••••••			
里 12. Name	Wil	liam Brub	aker		Other conditions			
13. Birth	place	Penna.						
EX	Ç				(Include pregnancy within 8			
14. Mald	en name	Penna.	M.X.t	***************************************	Major findings of operations			
室 15. Birth	place	1 emma.				Date of op		
16. Informant	Wil	liam B. K	oontz.		Antopsy results			
Address	Nr	Taneyto	wn. Md		PHYSICIAN: Please underline the cause te w	bich death should be charged stat	istically.	
					22. VIOLENCE: If death was due to external ca	uses, fill in the following:		
17	Buria	r remeval. Which?)	Oate ther	eof May 5 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of		
(Durial, C	remarion, o	Lutheran	Cemet	ery				
111111111111111111111111111111111111111					Where did injury occur?(City or town)			
Location		Caneytown	, Md.		Injured at home, farm, Industry, public place (w	rhere?)	******************	
18. Funeral d	lirector(0.0 Fuss	& Son		Means of Injury	Injured at work?		
Address	Tanev	town, Md.			7//	Lead		
FAA			CH	2-02,711	23. SIGNATURE	Leg 9 M. D. er o	ther	
19. (Date re	d by regis	19.4.6.	Ush	el M Mehrer	PAROTES Musion B	LANCE Date signed 5	-2-46	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

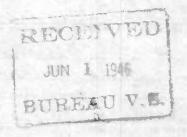
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		0)	
Reg.	Dist.	No	6
	Reg.	Reg. Dist.	Reg. Dist. No.

	Keg, Dist. No
1. PLACE OF DEATH: County Carrell Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Russide City or town limits, write RURAL and give nearest town)	State Millight County Cashall
How long in above place of death?	Cily or town Manual (17 outside city or town limits, write RURAL and give nearest town) Street No.
Port Court	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Albert Robert Lawrence	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION P.14
m. W. married	20. DATE OF DEATH Man 29 19.46 12:45 D
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from
7. Birth date ot	and that I last saw have alive on Andrea 2
deceased (mo., day, yr.) June 6, 87	Immediate cause of death
8. AGE: Years Months Days If less than one day 14 // /3hrs. min.	valvular blant 36tyrs
8. Birthplace St. Lawrence Co. New York	Due to
(De Kall) (Town, county, and state)	Due 10.
10. Usual occupation	Due to
11. Industry or business	
12. Name Jane Jane Jane Jane State	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of aperatians
15. Birthplace Sillaud	
16. Interment Mas David S. Jawrence	Autopsy results
Address Westmuster Md - K.D. Pool Kood	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or hemicide
Cemetery or crematory	Where did Injury occur?
Location Wishmitten, Mil	Injured at home, tarm, Industry, public place (where?)
18. Funeral director . S. Muyen - Yo	Means of Injury Injured at work?
Address Al westgranty MA.	23. SIGNATURE & Clese Wil Bens
19. (Date reg d Gregorirar) 19 Sty (Washington) Registrar	Address Ne State Bald signed 130/1/

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BUTTON TO READ PRITITION



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 17-0

			-17/
-	m	D.T.	(4
Reg.	Diat.	MO.	************

1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lofants give residence of mother)
He	nrvton	4		State Maryland County
City or Iown(If or	itside city or town lin	nits, write l	RURAL and give nearest town) MO., 21 days	Paltimore
n la la alana	2 yr	s.,1	mo., 21 days	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or	etraat address where d	eath occurre	d:	404 Worsely Street
Maryland	Tuhercu	losis	Sanatorium	Street Mo. (If rural, give LOCATION)
Colored	Branch.	Henry	Sanatorium ton, Maryland	(If rural, give LOCATION)
How long in hospital or	institution?			2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
0. (0)		Edg	ar Morris	
4. Sex	5. Color or race	5.(a)3ing	le, married, widowed, or divorced	MEDICAL CERTIFICATION
male	col.		single	20. DATE DF DEATH May 3, 1946 et 2:10P
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
				March 12, 19 44 10 May 3, 19 46
			(c) If alive, give ageyear	March 12, 19 44 10 May 3, 19 46 and fhat I last saw h im alive on May 3, 19 46
7. Birth date of deceased (mo., day, y	August	30,	1938	
8. AGE: Years		Days	If less than one day	Multiple Tuberculous Osteomye-
7 T	8	3	-15	21111
	0	0	hrsmin	litis. 7 mo.
9. BirthplaceBe	ltimore,	Md.		Due fo
y. birinpiace	(Town,	econty, and	atate)	
10. Usual occupation child				
				Due to
11. Industry or busines	hn Monni	Q		Riber conditions Tuberculous Cervical
里 12. Name	MILL MOTIT	0000	ada TF=	Direct Contentions
12. Name GJ	oucester	Cou	nty, va.	Adenitis 2 yrs. (Include pregnancy within 8 months of death)
			n i	(Include pregnancy within 8 months of death)
王 14. Maiden name.				Major fiediogs of operations.
14. Maiden name. 15. Birthplace	Glouce	ster	County, Va.	Dale of op.
Or	a Morris	(Mo	ther)	Antoney restrict
IQ. IIIIOI III alii			., Balto. Md.	PHYSICIAN: Please ooderlice the caose to which death shoold be charged statistically.
-				22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bar	, or removal. Which?)	Date the	meet May 7, 1946 (mopth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation		0.	(month) (day) (year)	
Cemetery or crematory. J.M. Culwary			ray	Where did injury occur?
Location A. A. County A				Injured at home, farm, industry, public place (where?)
18. Funeral director Lay new Standars			li.s	Means of injury injured at work?
	ho	Julian	Sheet	M. M. O. Anno
Address /4/	LC. Pu	escor	1 sales	23. SIGNATURE
19. May 3,	19 46	Albe	DULY LOCAL Registra	Henryton, Md. Date signed 5-3-46

MAY 5 1946 BUREAU V 6 2411 N. Charles St., Baltimore 92-7

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town lights, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or streel address where weath occurred: (If rural, give LOCATION) How long in hospital or institution?.. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 6.(b) Name of husband or wife..... .6.(c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) OURATION If less than one day 8. AGE: 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Malden name. Major findings of operations 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide...... (Burial, cremation, or removal, Which? Where did Injury occur? (City or town) (State) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE (Date rec's by registrar) Registrar

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information carefully. The of death clearly and legibly.

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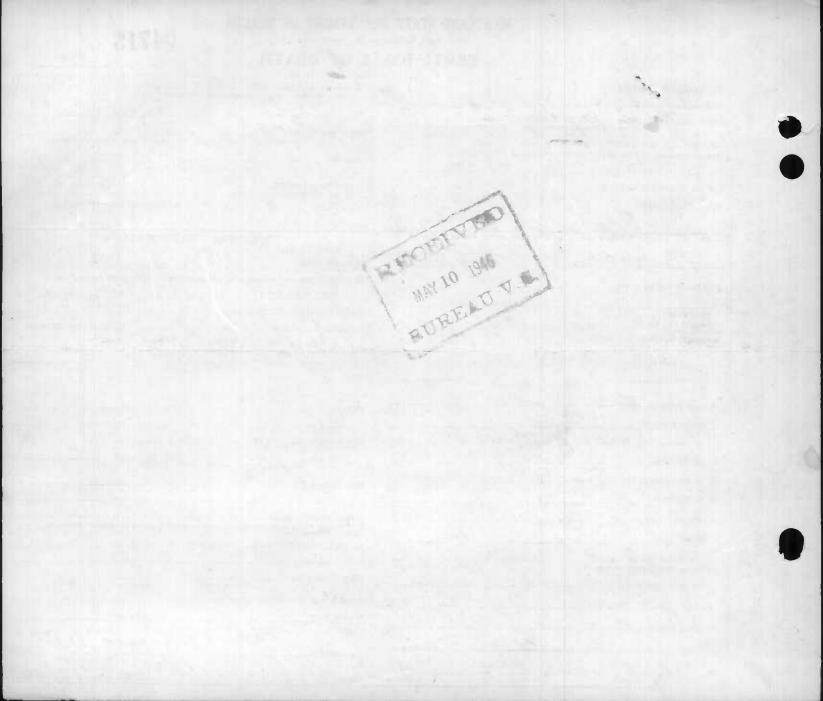
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PLEASE WRITE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg.	Diat.	No.		

1. PLACE OF DEATH: Gounty Office County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru jufants give residence of mother)
City or town. (If outside city or town lippis, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Charles Road
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(u) if veteran, name war
3. (a) FULL NAME Clausing M. Obres	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A. W Marriel	20. DATE DF DEATH May 30 18.46 at 6:21 A M
6.(b) Name of husband or wife. Muther of. Ofreely	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0 (a) 14 diam at a second	19
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION
73 3 24	(cecce Cardiae decompensation
9. Birthplace	Due to arlevis selevatie Lardio -
9. Birthplace	Vasenear Luisse 6 mrs.
10. Usual occupation Assistance	Due to
11. Industry or business House	
12. Name State of Change o	Other conditions.
	(Include pregnaucy within 8 months of death)
14. Maiden name Allsille Williams	Major findings of operations.
15. Birthplace Elemany	Date of op.
16. Informani Mrs Carolin Aderison	Autopsy results.
Address Alghesvelle, mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or remeval, Which?) Date thereof. (mouth) (day) (year)	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicido, or homicide
Cemetery or crematory Alatina Hell Constitute	Where did injury occur?
Location Adjusted Lie Andrews	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
19. Funeral director C. Klarky Week	Means of Injury Injured at work?
Address Aukesville, Zuel.	James Thank Bat To Medical Evain
19. May 3/ 19. HG C. Harry Weed Registrar	23. SIGNATURE M. D. or other Address Wastumete Date signed May 30/41



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Charles St., Baltimore	(30.€)
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V	will.	-	sellin.	-

			TL
Reg.	Dist.	No.	74

1. PLACE OF DEAT		11000		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
			***************************************	State Maryland County			
City or town(If onts	elde city or town li	imits, write l	RURAL and give nearest town)				
How long in above place of	death? 10	vrs. 8	mo. 4 da.	(If outside city or town limits, write RURAL and give nearest town)	******		
Hospital, Institution, or str. Springfield	reet address where	death occurre	d:	Street No. 1128 Riverside Avenue	******		
				(If rural, give LOCATION)			
How long in hospital or in	stitution?	yrs.	o moa 4 daa	2.(a) It veteran, name war	******		
3. (a) FULL NAME				3. (b) Social Security Number			
U. W. S.		NET	TIE PENN				
4. Sex 5	. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	white	m	arried	20. DATE OF DEATH. May 8 1946	D		
	0	7					
6.(b) Name of husband or	wife ucong	e renn		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nove 9 14.935 to May 8 16.	216		
Unknown				and that I last saw h.C.C. alive on May 8 1			
deceased (mo., day, yr.)	Februar	v_1.	1893		-		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death DURAN Syphilitic Meningo-encephalitis 12	VI'S		
53	3	7	hrsmin.	TO MARKA SALA MISAKAAA MASA MASA MARKA MASA MASA MASA MASA MASA MASA MASA MA			
8. BirthplaceVe	st Virgi	nie		Due to.	***************************************		
10. Usual occupation	none	*************		Due to			
11. Industry or business	none			MAG (A			
# 12. NameHar	ry Wehne	rt		Diber conditions Psychosis with syphilitic			
12. NameHar	t Virgin	ia		meningo-encephelitis 1: (Include pregnancy within 8 months of death)	2 yes		
14 Moldan nome	Mollie F	urley		(Include pregnancy within 3 months of death)			
			••••••••••••••••••	Major findings of operations.			
	West Vir			Date of op			
1B. Informant H.O.S.	pital Re	cords	••••••••••••	Autopsy results			
Address Syk	esville.	Md.					
12 Dure	al	Date then	eot 114 13 1916 (mg/th) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;			
(Burial, cremation, or	2 // 1	0.1		Accident, sulcide, or homicide	***********		
Cemetery or crematory	Janes -	gulf	Hopp Con.	Where did injury occur?			
Location	Legen	Le	, Zeld.	Injured et home, farm, industry, public place (where?)			
19 Europal division	10 Kg	ass.	1/2/00x)	Means of Injury Injured at work?			
18. Funeral director		A horas bet a sur	Me Zud.				
Address	+Vegs	ceser	elle, my.	23. SIGNATURE \$7. 77 and M. Tees			
19 May 1.	3 1946	6	Harry Esker	M. D. or other			
(Date rec'd by regist	rar)		Registrar	Address Sy passelle Md Date signed D	7.6		
				The state of the s			

HANDE SO TREATHAND STATE BURGLIAM

THE RESERVE OF THE STATE OF THE STA

HAY 15 1945

CERTIFICATE OF DEATH

		74
 Diet	No	T

				108. Not. 10		
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Cari	M		***************************************	Maryland Baltimore		
City or town	ienryton	limits weits W	URAL and give nearest town)	State Maryland County Baltimore Turners Station		
How long in above pla	ce of death?	montn.	, il days	City or town. CIT Outside city or town limits, write RURAL and give nearest town)		
Mosalial, institution.	or street address when	e death occurred		Street No. 213 Chestnut Street		
Colored	Branch	Henry	Sanatorium ton, Maryland	(If rural, give LOCATION)		
How long in hospital	or institution?	TA CARL Y	our, mary rand	2.(a) If veteran, namo war		
3. (a) FULL NAI	WE	LII	ENRY PRIDGEN	3. (b) Social Security Number		
4. Sex	5. Color or race		e. married, widowed, or divorced			
		0.(6)31181		MEDICAL CERTIFICATION		
male	col.		married	20. DATE OF DEATH May 6.		
& (b) Name of husban	nd or wife			21, I CERTIFY that death occurred on the date above stated; that I attended deceased from		
or (e) traine or mean.				19101 011 60 9 19 40, to Way 0, 18		
7. Birth date of	Dogge		c) If alive, givo ageyear	and that I last saw h im allvo on May 6, 19		
deceased (mo., day	11 31.7			Immediate cause of death Dubarculosis Nov.		
8. AGE: Yes		Days	If less than one day			
		15	hrsmln.	194		
9 Richniace	Rocky Mou	nt, N.	.C.	Due to		
g. Dittiplace.	Labor	i, county, and i	state)			
10. Usual occupation	Panol	OT .		Suo to		
11. Industry or busin	ess					
当 12. Name	Ballas Pr	idgen		Other conditions		
13. Birthplace	North Ca	rolina	1			
	Sophia	West		(Include pregnancy within 8 months of death)		
14. Malden nam 15. 8irthplace	Unknow		***************************************	Major findings of operations		
El 15. 8 rthplace				Date of op.		
16. Informani	Deceased		,	Astopsy results		
				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	10		an 10 10	22. VIOLENCE: If death was due to external causes, fill in the following;		
17	on, or removal. Which	Date ther	eof Shug /0 /946 (mgh) (day) (year)	Accident, suicide, or homicide		
	alory Dul	**/	44	Where did injury occur? (City or town) (County) (State)		
/.	1. 1	/	7.			
Location	10, 2	ousk	uy	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Sayme	· Pan	eles	Means of injury Injured at work?		
The same of the sa	1. 1		Street	7 . 460		
Address /4/	2 CIL	score	· solution	23. SIGNATURE Caleau Hoffman m.D.		
19 May 6	19 46	all	ut R. Smanfis	Henryton Md. 5-6-4		
(Date rec'd by	registrar)	De	DUTY LOCAL Registral	Address Date signed		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9.45.15M

A15 NS

PLEASE

RECEIVED MAY 9 1945 BUREAU V. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (98-2)

	U	11	L	1
Reg. Dist.	No.	********	/	<u> </u>

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			-
CERTIFI	CATE	OF	DEATH

1. PLACE OF DEA	ATH: () ARK	0011		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	3
County	4			State MARY 19Nd Coun	y (APROIL	
			URAL and give nearest town)	City or town		
How long in above place	of death?4	year		(If outside city or town limits,	write RURAL and give nearest town)	
Hospital, Institution, or	street address where de	eath occurred		Street No. R. D. Westmi	nster	********
	1-411-11-2		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Institution?			Z.(C) It reteat, water was	3. (b) Social Security Number	
3. (a) PULL NAME	LE	CANNAL	I (Pe	PAVER	3. (0) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		RTIFICATION	
Female	White	V	Vidowed	(Man	2 1946 1 9	0
				20. DATE DF DEATH.		РМ
6.(b) Name of husband	or wife Geor	ge r	Reaver	21. I CERTIFY that death accurred on the date above	stated; that I allended deceased from	46
dece) If allve, give ageyears	and thet I last saw h.ealive on	100,10	1/4
7. Birth date of deceased (mo., day, y	Tim), 1862	Immediate cause of death		TION
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	a),	
8	3 10	1.2	hrs min.	(de alm	eration 2	مد
F	rederick	Co. I	Maryland	Due to		milla
9. 8irthplace	(Town, c	ounty, and s				
1D. Usual occupation	HC	ousew	OT.K	Due to		
11. Industry or business						
12. Name		1 Lon	***************************************	Dther conditions		
13. Birthplace		Maryl		(Include pregnancy within 8 m	onthe of douth)	
1	Ar	ına	Condon		Asi y Fig.	
14. Malden name		Maryl	and	Major findings of operations.		
Mi	ss Bertha	Rea	ver	Antonsy results		
1B. Informant			r, Md.	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.	
Address			5-6-46	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Buria	vor removal, Which?)	Dale there	(month) (day) (yenr)	Accident, suicide, or homicide	Date of	
Cemetery or cremate	Rothe	any		Where did injury occur?(City or town)	(County) (State)	
Fran			rroll Co. Md.	Injured at home, farm, industry, public place (wh		
Location				Means of Injury	Injured at work?	
18. Funeral director	*************************	00000000	Waltz	C ()	1 0000	
Address Winfield, Md.				- Celse	Northerns	
mare	4 . 46		G. motorica	23. SIGNATURE	M. D. crother	2/3/4
(Date rec'topy re	# 19 #6		Registrar	Address Webster	Date signed	146



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Rico

CERTIFICATE OF DEATH

82

/			Reg. Dist. No
1. PLACE OF D		07.7	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	52 62	077	
City or town	Mut. Ai	limits, write RURAL and give nearest town)	State Laryland County Baltimore
ttem long in above nic	ace of death?	5 weeks	City or town
Hospital, institution,	or street address where	death occurred:	
		***************************************	Street No. 712 W. Hamburg St.
How long in hospital	l or Institution?		2.(a) If veteran, name war
3. (a) FULL NA			
J. (d) PULL NA	INL	FRANK REESE	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Widowed	20. DATE OF DEATH 22 AND 17 19.46, at 1/2.
E (h) Nama m(daucha)	und-or wife	Kate C. Reese	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
			" (0) 10 10 11 (1) 410 17 46
7. Birth date of			and that Mast saw h samalive on May 16 19 1/6
deceased (mo., da)	у, уг.)	Jan. 1, 1863	Immediate cause of death DURATION
O. ALGM.	ars Months	Days It less than one day	Immediate cause of death Duration DUNATION
83	3 4	16hrsmir	
1	De l'+imama	03 + 362	
8. Birthplace	Town)	City, 11d.	Due to accidental fally on agreement our
10. Usual occupation	Minera W.		Fracture of CX Hips
	I keepersoon oo	**************************************	Due to.
11. Industry or busin			
12. Name	Peter R	eese	- Sther conditions
		Germany	
14. Maiden sam	37	a to The avera	(Include pregnancy within 8 months of denth)
E 14. maiuen nam	ne	9 t - IM 0 w n	Major findings of operations.
			Date of op.
18, Informant MI	rs. T. M.	Lowman	Autopsy results
		ry. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address			22. VIOLENCE: If death was due to external causes, till in the toilowing;
17 Bur	ial	Date thereot 5-19-46 (month) (day) (year)	Accident, suicide, or homicide. Occident. Date of April Athon
	T)	rospect (month) (day) (year)	
Cemetery or erem			Where did injury occur?
Location nr	. Mt.Airy	, Frederick Co. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director.		C. M. Waatz	Means of Injury acceptantal fall. Injured at mork?
Address		Winfield, Md.	Wm th taglo
m.	18 111	Mrs 7-1.	23. SIGNATURE M. D. or other
19/ 1 / Welf	10 19/16	SVIN O Jugala Registra	
(Date rec'd by	registrar) /	Registra	Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 21 1946
BUREAU V.F

(AMARGIN RESERVED FOR BINDING

VS A15

	Evidence for change of age MARYLAND STATE DE of deceased is shown on 2411 N. Charle	
		a St., Baltimoru 93.D
1	FILM No. I O 4 MAY 14 1946 CERTIFICAT	E OF DEATH Rug. Dist. No.
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County	(For newboru infants give residence of mother)
	City or town (If outside city or town limits, write EURAL and give nearest town)	State County County
	How lopg in above place of death	City or town. (1f outside city or town limits, write RUMAL and give nearest town)
N	Hospital, institution, or street address were death occurred:	
1	Jama fill Stall Tombal	Street No
	How long in hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
	Johanna	Sehmidt 3. (0) Social Security Number
	4. Sex 5. Color or race 6.(a) Single married, wildowed, or divorced	MEDICAL CERTIFICATION
	W. Widowed	20 DATE OF DEATH HAY 4 19 46 of 3 - 10 M
	111111111111	
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the was above stated: that Vallended deceased from 1
	7. Birth date of deceased (mo., day, yr.)	and that I last sew hold wire on Milliand for the 194
	8. AGE: Years Mooths Days If less than one day	Immediate cause of death
	77 67 5 6 min.	
		MASSICE DAY CANALLA DIGGE
	8. Sirthpiace	Due to.
d	Hh. 10 inte	
	10. Usual occupation	Due to July Charles J.
	11. Industry or business	
	12. Hame 12. Hame 12. Hame 12. Hame 12. Birthplace 12. Hame	Dther conditions
	14. Maiden name Thank	(Include pregnancy within 3 months of death)
	14. Maiden name	Major findings of operations.
	West William In Consider	Date of op
	18. Intermand	Autopsy results
	Address de la construction	
	17 Burial Date thereo May - 9-1946	Z.VIOLENCE: It death was due to external causes, fill in the tollowing;
	(Burial, cremation, or removal. Which?) (mouth) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory Mat O. C. Lane	Where did injury occur?
	Location Mew Hersey	Injured at home, tarm, industry, public place (where?)
	1. To Oreenel	Means of injury Injured at work?
	18. Funeral director.	Selle VIII a Carin
	Address Wesminster Maryland	23. SIGMATURE MANAGEMENT MANAGEME
	10 May H 10 HG P. Harry Tures)	M. D. or other
	(Date rec py registrar)	Address Date signed 14

THE LAST TO THE PERSON AND THE STATE OF A LITTLE

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CONTRACT THE THEFT.

MAY 8 1946
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

		74
leg.	Diat.	No

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State County County City or town Not known Street No.
How long in hospital or institution? 4yrs 8 mos 23 days	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war.
HERBERT NELSON SELBY	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE OF DEATH May 31, 1946. 19 4.00A
6.(b) Name of husband or wife. None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 8. 19.41, to May 31. 19.46. and that I last saw h.i.m. alve on May 31. 19.46.
8. AGE: Years Months Days If less than one day 32 6 23	Immediate cause of death California Immediate
9. Birthplace Cumberland, Allegany, Maryland (Town, county, and state)	Due to Syphilis For Life
1D. Usual occupation Laborer	Busto
tt. Industry or business Not known	900 10-
12. Name. DAVID SELBY 13. 9irthplece BRUNSWICK, MARYLAND.	Other conditions Syphilitic meningo - For Life encephalitis, juvenile paresis (Include pregnancy within 8 months of death)
E 14. Malden name LULU BAILEY	Major findings of operations
15. Sirthplace LURAY, VIRGINIA	
16. Informant HOSPITAL RECORDS	Autopsy results.
Address SPRINGFIELD STATE HOSPITAL	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Business Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location / Trung will Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C. N. Fuete & Bro	Means of Injury Injured at work?
Address Brunswick md.	Allan Burke, M.D. Wandhushan
19. May 3/ 1946 C. Harry Wees (Date regul by registrar)	Springfield State Hospital M. D. or other Address Date signed 5-31-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1946 BUREAU V &

2411 N. Charles St., Baltimore 73-0

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U	4	1	23

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CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. GALANT	(For newboro infants give residence of mother)
City or town. We outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death?	City or town (12,00ts) city or town limits, write RURAL and givo nearest town)
Hospital, Institution, or street address there death comment	Street No. 5 6 1 Boul
Through Ille & Malle I Staffer Mille be	(If rural, give LOCATION)
How iong in hoseival or institution?	2.(a) If veteran, name war
3. (a) POLL NAME Halberine (Kalis	wouske Lunth 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. M married	20. DATE OF DEATH May 2 8 11 18 4 16 01 7-15
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 1th 1029 10 May 28 1846
7. Birth date of	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
2/ 0 1//	for the second s
36 2 47hrs. Jmln.	
9. Birthplace (Town. econty, and sixte)	Due to.
10. Usual occupation.	- Effect of the following
	Due to.
11. Industry or business	-
12. Name 12 14 13. Birtholigte	Dther conditions
	(Inclode pregnancy within 3 months of death)
14. Maiden Barre Namels Ry Je accelus h	Major findings of operations.
\$ 15. Birthalace / Valant	Date of op.
16. Internal James Falmonski	Antopsy results.
Addres 1/2 & Bond It Balter	PHYSICIAN: Please underline the caose to which death should be charged statistically.
0 0	22. V10LENCE: If death was due to externat causes, fill in the following;
(Burief, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory follow Kaseury Classes	Where did injury occur?
Location Balta Count	injured at home, farm, industry, public place (where?)
0.1 1. 0.00.100	Means of Injury Injured at work?
18. Funeral director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address 401 S. Messer Street	23. SIGNATURE 11. M. Mastru M.D.
19 5-29 19 46 austelection	23. SIGNATURE M. Dior other
(Data man'd by manistran)	I MI I I I I I I I I I I I I I I I I I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

2411 N. Charles St., Baltimore 186-0)

CERTIFICATE OF DEATH

04724 Reg. Dist. No. 14

,	2411 N. Charles St., Baltimore (86-0)	Ozenz
1	CERTIFICATE OF DEATH	Rog. Dist. No.
1. PLACE OF DEATH:	(For newborn infants giv	HOME) OF DECEASED: re residence of mother) County Q Q Q
City or town	RAL and give nearest town) City or town	of town limits, write RURAL and give nearest town)
How long in hospital or Astitution?	2.(a) If veteran, name war	V
3. (a) FULL NAME	Laura Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single.		DICAL CERTIFICATION
S,(b) Name of husband or wife	21. I OERTIFY that death occurres	op the date above stated; that ettended deceased from
7. Birth date of deceased (mo., day, yr.) April 19 3	h-1968 and that Vest saw h	e on 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days	If less than one day	maria Ha
9. Birthplace		. Falling to floor, while fight.
11. Industry or business	Small Other conditions sail	in of left Sum 70
13. Birthplace Man	olov (Include pregn	aney within 3 months of death)
15. Birtholaced Mary	Major findings of operations	Dale of op.
16 Mas Infet Territe	Autopsy respits. PHYSICIAN: Please underline	the cause to which death should he charged statistically.
17	(month) (day) (year) Accident, suicide, or homicide.	e to external causes, fill in the following: Decident Oate of Mary, 19th, 19th to Afiald Atote Mospital by kesnille Marylan (Ary or town) (County) (State)
Location Augustus		public place (where?) Disturbed Cattage, Mo. 2
18. Funeral director of the Address Annuage (2)	Tull. 23. SIGNATURE.	1 Martin MID
19. May 19 19 19 14 6 C.	Harry Wells Address Ample	M. D. or other

MARGIN RESERVED FOR BINDING

VS A151

RECEIVED

MAY 22 10

BUREAU V.B.

ect age

1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

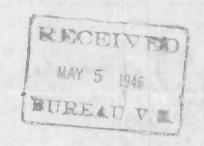
2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.

County. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Real And Caller How long in hospital or institution?	City or town. It and the County County County City or town. It and the County City or town limits, write RURAL and give nearest town) Street No. City of the County City or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) if veteran, name war.
3.(a) FULL NAME Florence Leona Sry den	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Fenale While Married -	MEDICAL CERTIFICATION 20, DATE DE DEATH. May 2
8.(6) Name of husband or wife Server R. Srry der: 7. Birth date of deceased (mo., day, yr.) Fabruary 19 1892. 8. AGE: Years Months Days If less than one day 34 2 13 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 19 43 to May 2 19 46 end that I last saw here a alive on May 19 19 46 Immediate cause of death DURATION DURATION DURATION
9. Birthplace	Due to Due to.
12. Name Edward V. Wise 13. Birthplace Maryland 14. Maiden name Lizzie Cooker 15. Birthplace Maryland 16. Informant 7 garge R. Snyder.	Other conditions (Include pregnancy within 8 months of death) Major findings of operations CARCANO CONTROL Breast to a Date of op. 10 - 28 - 43. Autopsy results
Address 74 7 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director & Cleo Co Jalon Address Accupation May 19. May 3 (Date rec'd by registrar) 19. Registrar	23. SIGNATURE M. D. or other Address Island Standard M. D. or other



2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH

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A	114160	
X	· -	74
	Reg. Dist. No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants give residence of mother)
County	Maril Marine
City or town	State County County
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital Institution, or street address where death or current	Street No. Ballywyrl Mil.
Springpella & rale stropming	(If rural, give LOCATION)
Haw long in hospitator institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Ruby	ane Suyder 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W Married	20. DATE OF DEATH MAY 2/1/0 4/6, 21 6 P. M
6,(b) Name of husband or wife Marina Anyther	21. I CERTIFY that death occurred on the tale above stated; that Pattended deceased from
6.(c) If alive, give age years	March 17 4 19 43, 10 May 2/11 19 46
7. Birth date of deceased (mo., day, yr.) and 16th. 1887	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
58 9 4hrsmin.	THE THE PARTY OF T
Partie	mil sugarit.
9. Birthplace (Town, county) and atage.	Oue to.
10. Usual occupation for security.	Due to Chrome Byrenditie 3 1 m
11. Industry or business 1. 0 1 st home	242
= 12 Nordrehutald Stewart	Other conditions artery Selevine
13. Birthplace	
E Comman	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
15. Birthplace Pugna	Date of op.
16. Informant Manager January	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Godes & Glesemore Bally	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. 3-45 (month) (day) (year)	Accident, suicide, or homicide
Parkey Please	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Control Contr	Means of injury Injured at work?
18. Funeral director. Acoust J. Kull	means of miles.
Address 5305 Harford Rd.	25 SIGNATURE M. M. Mastin M.D.
May 22 . 46 P Alegy a See	M. D. sprotter
(Date rego by registrar)	Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9.45-15M

(Date registrar)

RECEIVED

MAY 25 1946

BUREAUTE

Items 13 and 15 changed by statement of funeral director in person 10-3-46 LL MARYLAND STATE DEPARTMENT OF HEALTH item of information carefully. The correct age causes of death clearly and legibly. 2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?. (If outside city or town limits) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above/stated; that I attended deceased fromoly every it 7. Birth date of deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr NOITARUO If less than one day Years 8. AGE: Junto 9. Birthplace. (Town, county, and state) 10. Usual occupation. 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the caose to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,..... Where did Injury occur? WRITE (City or town) (Coonty) (State) Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? PLEASE d by registrar)



MARGIN RESERVED FOR BINDING

VS A15

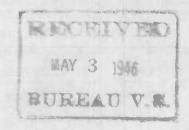
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()4728 Reg. Dist. No.

1. PLACE OF DEA	Carroll	ton	2. USUAL RESIDENCE (HOME) U (For newborn infants give residence of State Maryland Con		
(If outside city or town limits, write RURAL and give nearest town)					
How long in above place Hospital, Institution, or	of death? 50	years	City or town		
		ome	Street No. West Mai	n St.	
		4 years	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number
	1	Emma C. Stoner			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
female	white	Widowed	20. DATE OF DEATH. May 1	19.46.	at 2 a. M
6.(3) Name of husband	or wife Sam	iel C. Stoner	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from
000001000000000000000000000000000000000			march 1		
7. Birth date of deceased (mo., day, y	Marcl	19, 1869			19.7
8. AGE: Years	Months	Days If less than one day	Immediate cause of death deal	unevention	9 Tuear
77	1	12hrs. min.	Q .	0	
	(Town, e	unty, Maryland	Due to arteriosel	lerois	15 mg
10. Usual occupation	n	one	Due to	***************************************	***************************************
11. Industry or business				······································	
12. Name		Snyder	Other conditions Herman	ya	10 years
			(Include pregnancy within 3	months of death)	0
E 14. Malden name Catherine Leister 15. Birthplace Maryland			Major findings of operations		
15. Birthplace Maryland					
16. Informant Mrs. J. H. Allender			Autopsy results		
Address Westminster, Md.			PHYSICIAN: Please underline the cause to w		statistically.
17. burial (Burial, cremation, or removal. Which?) Date thereof 5/3/46 (month) (day) (year)			22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		
		inster Cemetery	Where did injury occur?(City or town)		
11		inster, Md.	(City or town) Injured at home, farm, industry, public place (w		
			Means of Injury	Injured at work?	
1B. Funeral director		ancis Reese	9 (17	1.00	
Address	Westm:	inster, Md.	23. SUGNATURE	www	eres
19.	19 46	Melesson	Was stans	uster ni	or other 1/946
19. (Date rec'd by re	gistrar)	Registrar	Address.		



MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 943

CERTIFICATE OF DEATH

04729 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State
City or town. (If ontside city of town limits, write RURAL and give natrest town)	City or town? 4 6 11 Charles VI
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Surveyed State Storfalal	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ruth &	uchanek
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
V. W Single	20. DATE DF DEATH MAY 12 The 19 Hb at 10 Cm
6.(b) Hame of husband or wife	21. I CEFFAFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	May 19,32-10 May 2 19 J. M.
7. Birth date of deceased (mo., day, yr.) . July 23-19/2	and that I lest saw had alive on 19.
8. AGE: Years Months Days Illess than one day	Immediate cause of death
3 3 9 1/8	Courary Velumon In
8. Birthplace	Due to.
10. Usual occupation	
11. Industry or husiness ()	Due to the first of the first o
12 Hame August Sunhaneh	Dither conditions
13. Birthplace . A allumne	
14. Maiden name assella Noyle	(Include pregnancy within 3 months of death)
14. Malden name AMALANA BITTON STATE OF THE	Major findings of operations.
18 Interment August Suchamble	Actopsy results
QUIL h Pleater VI - Balle	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berriel Bate thereof 5-15-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory.	Where did injury occur?
Location Odlumore MO	Injured at home, farm, Industry, public place (where?)
18. Funeral director Longe N. Leimbach	Means of Injury Injured at work?
Address 525 Lyndhus St.	MX Mast - Mill.
10 May 12 10 Hb P. Harry 1/200	23. SIGNATURE.
(Date reg 1 by registrar) Registrar	Address Date signed

WASHINGTO STATE OF A PROPERTY OF STATE OF STATE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

04730 Reg. Dist. No...

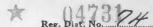
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother)	
County	State Maryland County Canal	
City or town	12-2 17 0	******
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	******
Hospital, Institution, or street address where death occurred:	Street No	*******
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	******
3.(a) FULL NAME Malender C Swa	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /	
H W Wielow	20. DATE DF OEATH May 4 1946, at 10:0	106,
6.(b) Name of husband or wife theodore swarson	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from	46
7. Birth date of	and that I last saw h	46
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	ION
nn q M	Conquetive Aleust	
hrsmln.	Farluses 3m	v.
9. Birthplace Macyland	Oue to Augustensine	
(Town, county, and state)	Cirles- Jasenlar dueme 109	eus
	Due to	*********
11. Industry or business	Other conditions.	
12. Name Face Facer 13. Birthplace Many Can		
14. Malden name. Mary A Aouah. 15. Birthplace Menyleud	(Include pregnancy within 3 months of death)	
15. Birthplace Mageurlegerd	Major findings of operations.	
menta la Bar	Date of op.	
1B. Informant	Autopsy results	
Address Nacefulead Mid	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Junial Date thereof May 1/46	Accident, suicide, or homicide	
(Buriai, cremation, or removal. Which?) (month) (day) (year))
Cemetery or crematory.	Where did injury occur?	
Location Street &O. Perroa	Injured at home, farm, industry, public place (where?)	
18. Funeral director Edw Off Sptone	Mesns of Injury Injured at work?	
Address Haufstead Med	m. c. Parter freed	
10 May 6 10 46 Johns. Hughes of	23. SIGNATURE M. D. or other S-6-4	16

MAY 8 1941 BUREAU V.A. MARGIN RESERVED FOR BINDING

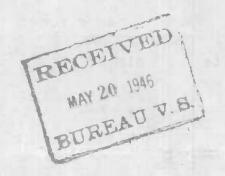
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH



				TE OF DEATH Reg. Dist. No	74		
- 211010101	A COURT	v=+	CERTIFICA				
1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)			
City or town. rural near Sykesyille (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 yr. 2 3 mo., 13 days				State Maryland County City or town Baltimore City (If outside city or town limits, writs RURAL and give near			
Hospital, Institution, o	r street address where d	teath occurred	i:	Sireet No. 754 McHenry Street			
Springfield State Hospital How long In hospital or Institution? 9 yr., 3 mo., 13 days			Hospital	(If rural, give LOCATION)			
How long in hospital o	r Institution?	د, ی	mo., 13 days	. 2.(a) If veteran, name war			
3. (a) FULL NAM		Samue:	Beamer Toner	3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	white		single	20. DATE OF DEATH. May 16 1946	7:45a		
				May 1 19 45 to May 1	6 19 46		
	yr.) July 10		c) If alive, give ageyeal 국 국	and that I last saw h im all ve on May 16	19 46		
8. AGE: Year		Days	It less than one day	Immediate cause of death	DURATION		
62	10	6	hrs. mir	Cerebral thrombosis	30 min.		
9. Birthplace Baltimore City, Maryland (Town, county, and state) (Town, county, and state)			atate)	Due to			
10. Usual occupation. 11. Industry or busine		••••••• •• •••••		Due to	***************************************		
				Dther conditions Psychoneurosis, neuras-	***************************************		
12. Name Joshua Toner 13. Birthplace				thenic type	10 yrs.		
			lerick	thenic type (Include pregnancy within 3 months of death)			
14. Maiden name Bertha MacFrederick 15. Birthplace West Virginia				Major findings of operations.			
15. Birthplace West Virginia			- Ylası masamá	Date of op			
16. Informant DDI III BI LELU DEACE HOSD. TECOLUS				Antopsy results			
Address Sykesville, Maryland			land		victorionny.		
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)			eof 5-18-46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
(Burial, cremation, or removal Which?) (month) (day) (year)			// /	Where did injury occur?			
Cemetery or crematory			The state of the s				
Location Location			41 00 1	Injured at home, farm, Industry, public place (where?)	. 444 = 444 = 2		
18. Funeral director Alla O. Matalell & Sacs				Robert Bertrand May, M.D.	0 0		
Address //	1900 Euch	sur.	Flace	Walet Batal Mr	my.		
19. May	16 19 HG	. C.	Harry Wess	Springfield State Hospital M. D. Address Sykesville, Maryland Bots signed	5-16-46		



MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 930

04732

CERTIFICATE OF DEATH

X# 83

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Letaee Paner Wetne	3. (b) Social Security Number
4. Sex 5. Color or race 6. (4. Single, married, widowed, or divorced) Married.	MEDICAL CERTIFICATION 20. DATE OF OEATH MAY 2 3 19 46, 21 5-P
6.(b) Name of husband or wife Manshall Liberty (c) 15 alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I at lended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days, If less than one day	Immediate cause of death Color Cardiac Seconformation 3 ms
7.5° H 26	Due to Chr. Myorardika
10. Usual occupation	Oue to
11. Industry or business 12. Hame Markey 13. Birthplace Markey 14. Hame Markey 15. Hame Markey 16. Hame Markey 17. Hame Markey 18. Hame Markey 19. Ham	Other conditions Hyperstrophic arthritis 2 yrs
14. Maiden name Buildget Ilennan 15. Birthplace Mile.	(Include pregnancy within 8 munths of death) Major findings of aperations.
16. Intermant Mrs. Marshall Willyll	Autopsy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address 17. Date thereof May 26, 1946 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Life Muliulius Com.	Where did injury occur?
D 14/201 911011	Means of Injury Injured at work?
Address Address M. M. M.	23. SIGNATURE Istantin Grabill
18 May 25 1946 & Havy West Registrar	Address M. D. or other M. D. or other M. D. or other Date signed 4/24/4



2411 N. CERTIFICATE OF DEATH 04733

Charles	42	Baltimore	19
Charles	St.,	Daitimore	.13-

Reg. Dist. No. ...

1. PLACE OF DEATH: County Carroll		State Matyland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it reteran, name war.		
Cily or town Henryton (If outside city or town limit How long in shove place of death? 2 mor	nths, 19 days			
	ath occurred: losis Sanatorium Henryton, Maryland			
3. (a) FULL NAME	HOWARD ROOSEVELT	3. (b) Social Security Number		umber
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male col.	single	20. DATE OF DEATH May 27	19.4.6	at 6:30
		and that I last saw h im alive on May 27,		19.4
8. AGE: Years Months	Days It less than one day 16 hrsmin.	Dulmonenty Tuberos	llosis	Tuly 1
9. Birthplace	erson			***************************************
14. Maiden name Louisa O	pey	(Include pregnancy within 3 months of death) Major fiadings of operations		
Cemetery or crematory Mt.	Date shereof	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
Address // 19 92. Care May 27, 19 46 (Date rec'd by registrar)	111 18 1. 11	23. SIGNATURE Touleur Hy Address Henryton, Md.	fuon, m. b.	r other 5-27-4

MARGIN RESERVED FOR BINDING

MAY 29 1946 BUREAU V.S. 2411 N. Charles St., Baltimore 19-6

04734

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Carroll County Henryton City or town. (If outside city or rown limits, write RURAL and give nearest town) How long in above place of death? 4 months, 13 days Hospital, institution, or streel address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County City or towa Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 211 Na Durham St. (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME MABEL WILLIAMS	3. (b) Social Security Number
female col single single	MEDICAL CERTIFICATION 20. DATE OF DEATH. May 29, 19.46 10:35 P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16., 19.46, 10. May 29., 19.46. and that I last saw h. Or alive on May 29., 19.46.
8. AGE: Years Months Days If tess than one day 24 10 5 hrsmin.	Immediate cause of death DURATION Sept. 1939
9. Birthplace. Darlington, S.C. (Town, eounty, and state) 10. Usual occupation. none 11. Industry or business 12. Name. Robert Young 13. Birthplace South Carolina	Due to Due to Other conditions
Marilyn Williams 14. Maiden name Marilyn Williams Darlington, S.C. Patient	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. Burial, eremation, or removal. Which?) Cemetery or crematory Address / O D Brandley and Brandley Address / O D Brandley and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. May 29, 19 46 Albert A Savanda. (Date ree'd by recistrar)	Henryton Md M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. H MARGIN RESERVED FOR BINDING

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JUN 1 1946
RUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526

04735 Reg. Dist. No. 2#

CERTIFICATE O	F DEATH
---------------	---------

1. PLACE OF DEATH: GOURTY Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town rural near Sykesville (If ontside city or town limits, write RURAL and give nearest town)				State Maryland County		
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yr. 1 mo. 27 days				City or town Baltimore (If outside city or town limits		
Hospital, Institution, or street	address where	leath occurred		Street No. 117 North Fron	t Ctroot	rest town)
Springfield	0			(If rural, give		
Now long in hospital or instit	ution?	r. I	mo. 27 days	2.(a) If veteran, name war		
3.(a) FULL NAME William Edward Winkler					3. (b) Social Security	Number
	olor or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Wi	dowed	20. DATE OF DEATH May 20		.0.152
	Roset	ta Bo	were Winkler	21. I CERTIFY that death occurred on the date above		
	e	(D	wers Winkler eceased)	March 23, 19		
7. Birth date of	Januar) If alive, give ageyears 1861	and that I last saw h. im alive on May.		
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.	***************************************	DURATION
85	4	6	brsmin.	Carcinoma of bladd	er	1 year
9. Birthplace Balti	more,	Maryl	and	Due to Arterioscleroti	c heart dis-	
1D. Usual occupation	Town, or Tow	connty, and si	tate)	ease,	prior to	1944
	ii poii oc	***************************************	•••••••••••••••••••••••••••••••••••••••	Bue to Hydronephrosis)
11. Industry or business				carcinoma of bladd		,
Thomas Winkler 12. Name Thomas Winkler 13. Birthplace Prince George Co., Md.				Dther conditions Perforating		
E 14. Malden name Caroline ?				(Include pregnancy within 3 m	onths of death)	
14. Malden name Caroline ? 15. Birthplace Prince George Co., Md.				Major findings of operations		***********************
16. Informant Springfield State Hosp. record				See causes o	f death above	ve.
Address Sykesville, Maryland				PHYSICIAN: Please underline the cause to whi		N M
17. Busical Bate thereof 57 21-46				22. VIOLENCE: If death was due to external caus	es, 1111 in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)				Accident, suictde, or homicide		
Cemetery or crematory for the desired of the state of the				Where did injury occur?(City or town)	(Connty)	(State)
Location Location The Alexander Land				Injured at home, farm, Industry, public place (who	ere?)	*********************
18. Funeral director. C. Thattery Estelle				Robert Bertrand Ma	Injured at work?	
Address Acceptantile, Ind.				R. L. N. R. T	2 m	ana
m. c. l. a. d.				Springfield State	Hospit 21 M/D/o	r other
19. (Date reciproy registrar) 19. (Date reciproy registrar)				Springfield State Address Sykesville, Mar	y land Date signers.	-20-46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Garroll	State M. County County
City or town	
How long in above place of death? 2 mee.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. M. un Aug Ton Care
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
h	Tone
4. Sex 5. Bolor or rack 6.(a) Single, married, windowed, or divorced	
	MEDICAL CERTIFICATION
F. W. Manued	20. DATE OF DEATH May 7 19.46 11.7:00 A M
6.(6) Name of husband or wife Charles m. Gina Shines	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Tuesy 5- 1946, 10 Way 7 1946
7. Birth date of	and that I last saw hospitalive on Markey 6 1946.
deceased (mo., day, yr.) 8 er. 9 - 1868	
8. AGE: Years Months Days If less than one day	Immediate cause of death. Classification DURATION
77 4 28hrsmin.	12 2 2 G
9. Birthpiace (Town, county, and state)	Due to Clipa Sellada
,	14 persuage +
10. Usual occupation A.	Due to the yacqueles deg Senerely
11. Industry or business	- exercise
12. Name lisse whight	Other conditions
E 12. Name Lisse Li right 13. Birthplace M. d.	
	(Include pregnancy within 3 months of death)
14. Malden name Cananasain Wa. G. Salan	Major findings of operations
15. Birthplace Md.	Date of op.
16. Informant 6 Leader & Gingling	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wistminsten md. K.D. 4	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal. Which?) Date thereof Jass 0 - 1946 (gronth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Westminster con-	Where did injury occur?
Location Westminister, md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director ABankand John	Meens of injury Injured at work?
18. Funeral director Al Dans Rassal	1 1111 -
Address Wylininty, Md.	23. SIGNATURE Merches
.ITG 16 Elmedenos	M=D. or other
(Date rec's hy registrar) Registrar	Address / Les Jule & State Signed 5 77/46

